

# Iowa Alternate Assessment

## Change of Districtwide Assessment Option Form

### 2008-2009

Student Name: \_\_\_\_\_  
First Middle Initial Last Name

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Name: \_\_\_\_\_

School District: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ School Telephone Number: \_\_\_\_\_  
(Please Print)

Please indicate if student's IEP team has changed the Districtwide Assessment Option to:

☐ ITBS

☐ ITED

☐ IAA

☐ Reading

☐ Math

☐ Science

Comments:

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